

# Strategies for Wandering Behavior

Wandering can often become an issue when a person has a progressive dementia. Here are some strategies that may help:

- Keep updated emergency information readily available and when possible, on the person living with dementia, i.e. put an I.D. bracelet on the person.
- Inform your neighbors and emergency responders about the possibility of wandering and give them specific instructions about the steps to take to assist your loved one.
- Take supervised walks and include opportunities for exercise in your loved one's daily routine.
- Hang bells on door knobs to alert you to opening of doors.
- Review choice of footwear and periodically check feet and lower extremities for injuries.
- Try "sock therapy." A person who normally wears shoes outside may not leave if he/she is in his/her stocking feet. Tell him/her you are going to clean their shoes and put them somewhere out of sight. If the subject comes up tell your loved one the shoes will be ready to wear soon and reinforce that he/she doesn't need them while in the house.
- Accept the fact that verbal instructions to stay inside may become very unreliable.
- Establish a "Safety Zone" for wandering and pacing.
- If a person leaves his/her "safety zone," try these tips to get them to return:
  - Ask for their help to do something
  - Acknowledge their verbal message about their plan
  - Provide safety information if it helps
  - Fall in step and walk with the person for a short while and then suggest going "inside" for a reason
  - Don't say "stay here" or "don't go" or other blatantly controlling statements
  - Don't physically pull on the person unless there is acute danger of physical injury.

## Restraints: Physical and Chemical

What are restraints? Some examples of physical restraints are: using child-resistant knob covers on door knobs, placing locks in unusual places (high or low on doors), or tying a person to a wheelchair.

Always consult a physician before attempting to use any restraints, either chemical or physical. These are the last line of defense against wandering.

These methods are rarely effective in relieving wandering unless extreme agitation is the cause of the behavior. Occasionally, restraints may need to be used effectively during a person's hyper-motor phase so the person can sit down long enough to eat or to walk when assistance is available. Never leave a person with any restraints alone for any period of time.

## TYPES OF WANDERING

<p><b>"Recreational wandering"</b>—Loved one may have been active before or may be used to taking walks. Loved one is usually calm unless stopped, and wandering recurs regularly, seeming to fill a need for exercise.</p>	<p><b>Try. . .</b> Scheduled walks planned in a daily routine. Find friends to walk with them.</p>
<p><b>"Tactile wandering"</b>—Loved one may appear blind, calmly feeling their way down hallways, exploring the environment with hands. They frequently just “get lost” by accident.</p>	<p><b>Try. . .</b> To redirect your loved one away from unsafe places. Allow him/her freedom and opportunities to explore safely.</p>
<p><b>"Environmentally cued wandering"</b>--Although appearing calm, your loved one may “elope” on a regular basis, picking up cues from the environment (e.g., seeing a coat, your loved one may put it on and go outside.)</p>	<p><b>Try. . .</b> To disguise doorways. Put "stop" cues in front of exits (e.g., place a chair there for sitting.) Get the person involved in another activity to distract attention from environmental cues. Remove the cues if possible.</p>
<p><b>"Reminiscent/fantasy wandering"</b>—The person may be calm but wants to leave based on a delusion or fantasy from his/her past. The person will say he is leaving, explaining that he has to go to work or to see his parents or to go home or some other logical yet false reason.</p>	<p><b>Try. . .</b> A redirection activity. Acknowledge the "need" to go and then ask for help to do something that will keep the person from leaving. Gently furnish facts, as long as it does not cause upset, and then redirect the person.</p>
<p><b>"Agitated/purposeful wandering"</b>- The person is preoccupied with leaving and may be upset, fearful, agitated and/or exhibit stress. The person may become aggressive or threatening.</p>	<p><b>Try. . .</b> To diffuse the stress and remove stress if possible. If possible try to find out what might be upsetting them. Assure safety and security (yours and the person who is wandering). Don't confront the person, don't tell him "no, you can't." Attempt to engage in another activity.</p>
<p><b>"Internally cued wandering"</b>--A person may feel physically uncomfortable and pace.</p>	<p><b>Try. . .</b> To learn the person's normal schedule for eating and bathroom needs. Be attentive to possible pain and help the person.</p>